POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		08-08-01
O.I.P.E. CLASSIFIER		90	8/14
FORMALITY REVIEW	SI	1021	09/11/01
RESPONSE FORMALITY REVIEW	M.D	635	11-21-01

INDEX OF CLAIMS

✔	Rejected	N		Non-elected
=	Allowed	I		Interference
– (Through numeral)	Canceled	A		Appeal
÷	Restricted	O		Objected

BEST AVAILABLE COPY

Claim Final	Original	Date									
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If more than 150 claims or 10 actions
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